Best Available Copy

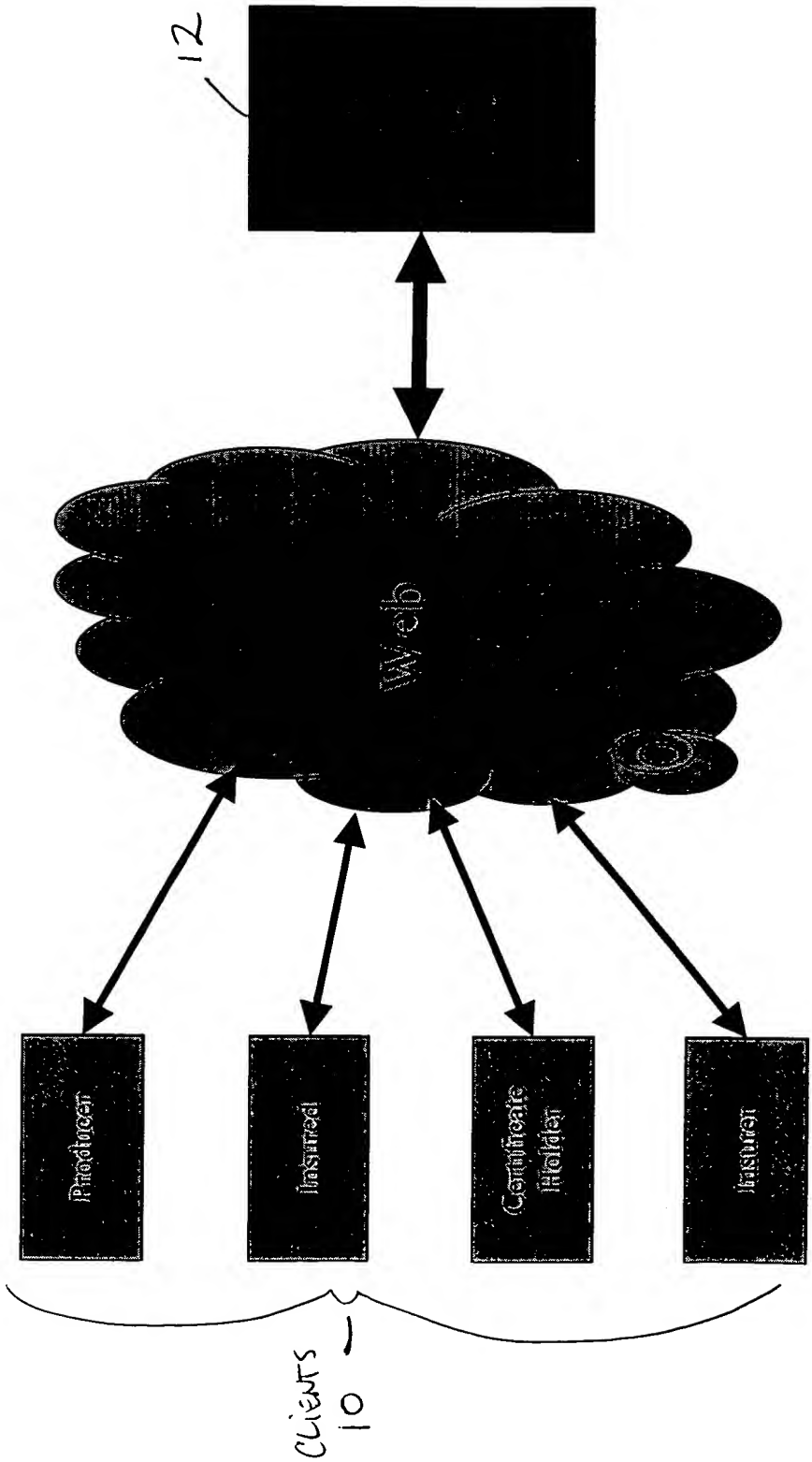


FIGURE 1

Best Available Copy

SUBSTITUTE SHEET

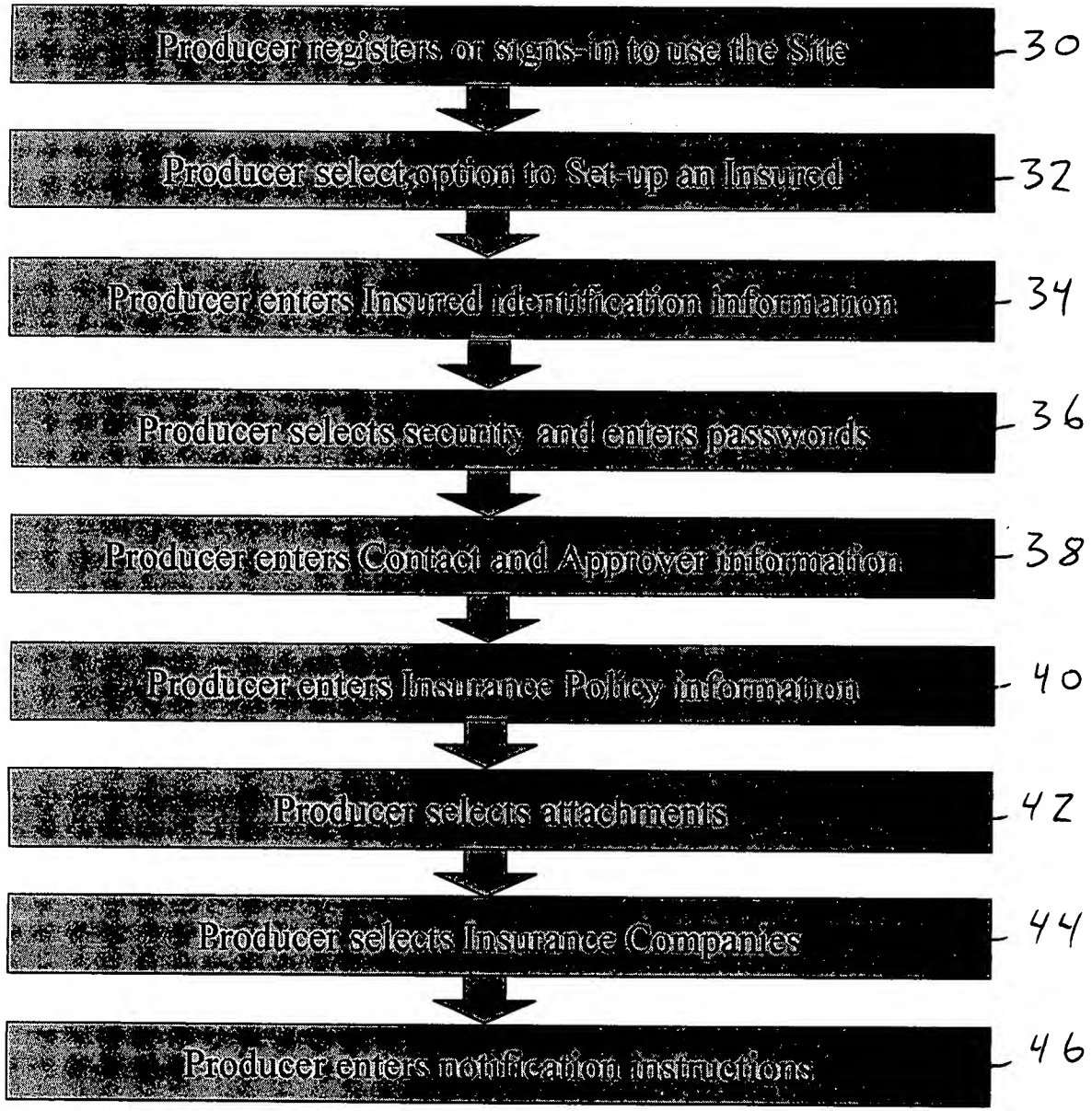


FIGURE 2

Best Available Copy

DRAFT 10/30/2003

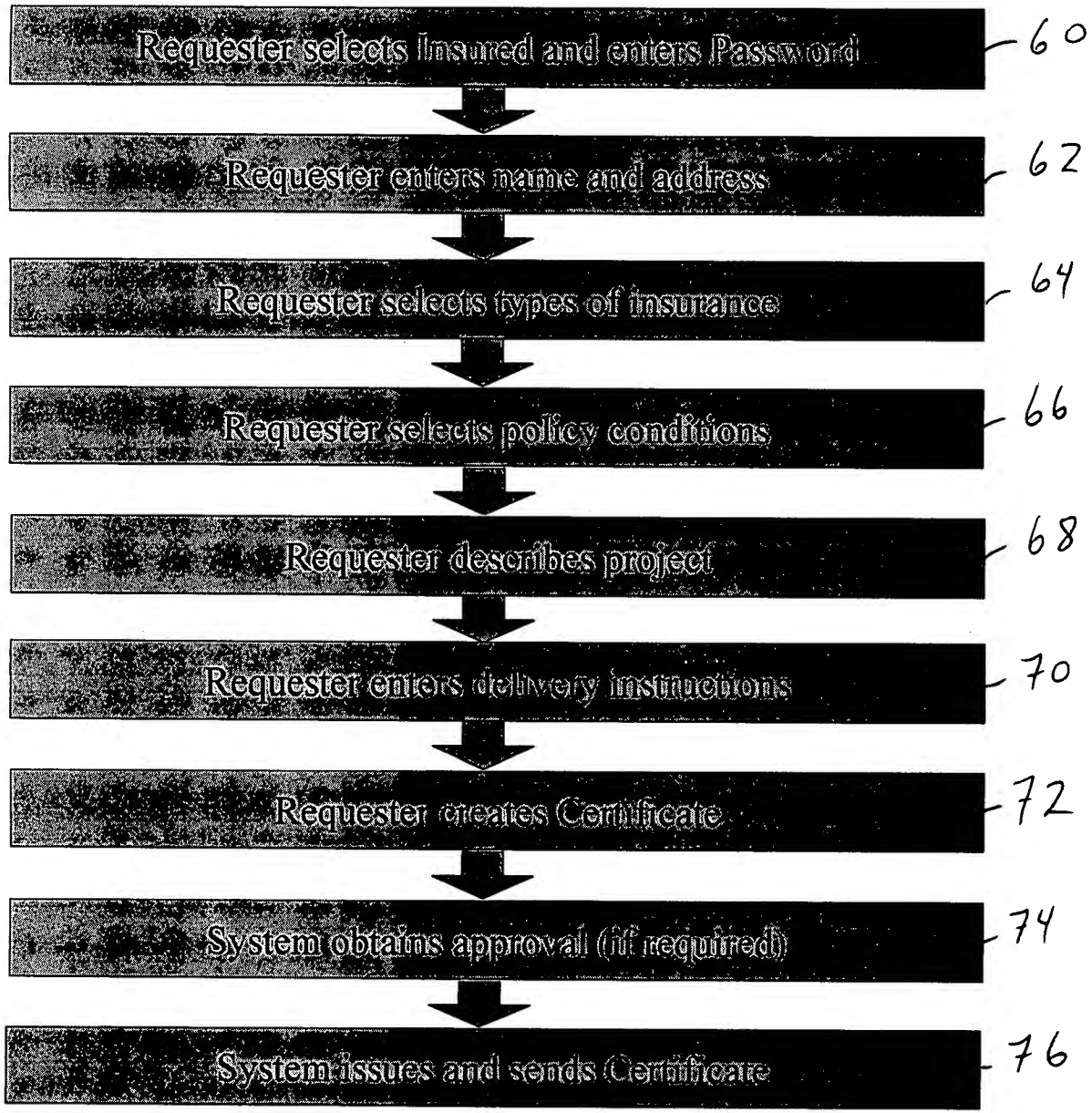


FIGURE 3

Best Available Cop

DOCKET NO. 50260

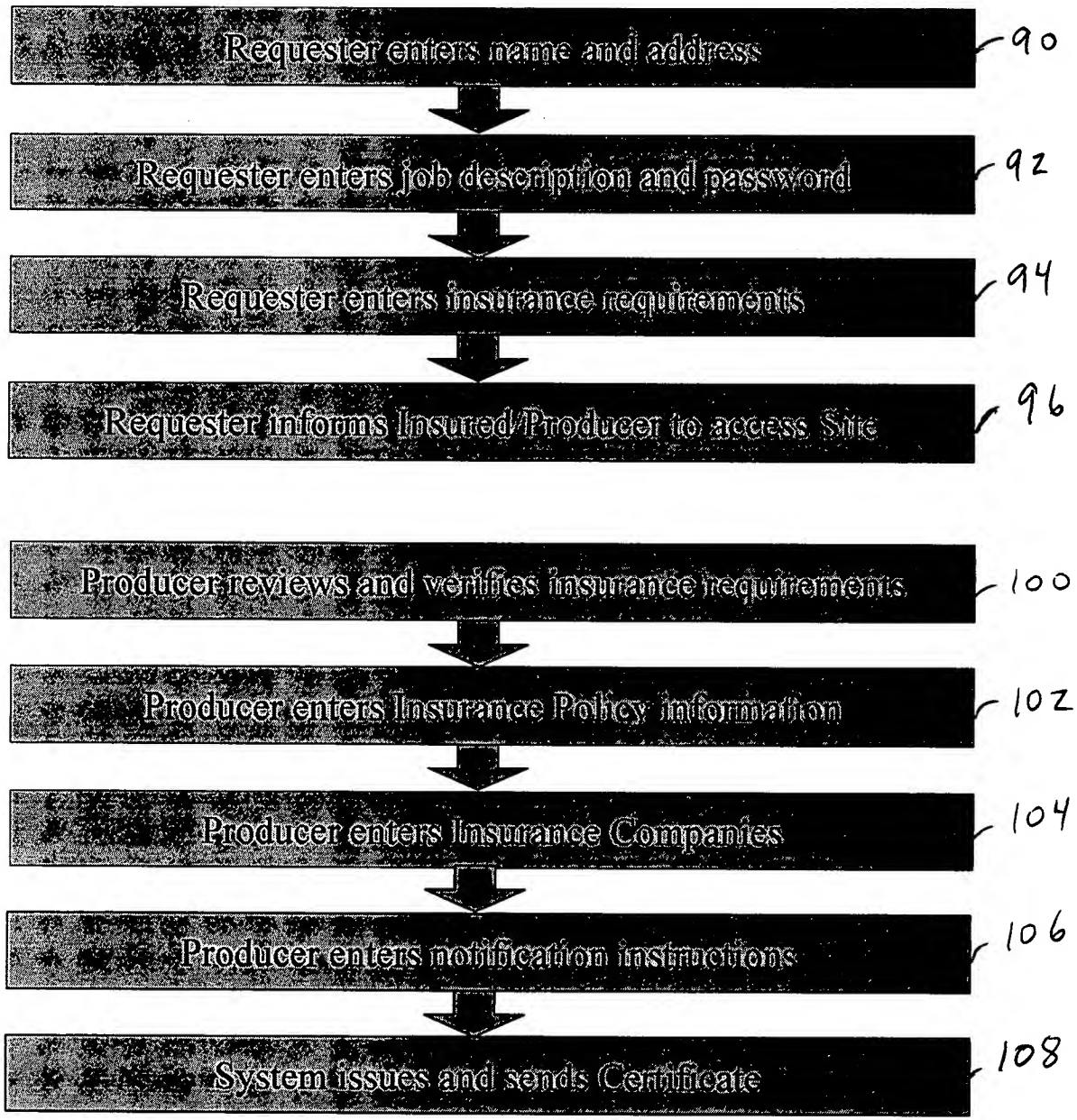


FIGURE 4

Best Available Copy

Help

Producer Sign In

Click here if you are creating a new account. — 154

Or, if you have an account, please enter your user ID and password, below.

User ID: — 150

Password: ******* — 152

Cancel (Home Page)

Sign In

148

09/09/2002, EAST Version: 1.03.0002

FIGURE 5

Help

Producer:

162

Producer Options

Select an option below:

Set-up insured	Certificate reprint
Revise insured	Create attachment
Revise producer	Password maintenance

Return to Home Page

160

FIGURE 6

170

Help

Producer:

Set-up Insured

Name:

Holding company: (none)

Address 1:

Address 2:

City:

State/Province:

Zip/Postal:

Country:

Contact (First name):

(Last name):

Phone:

Fax:

E-mail:

172

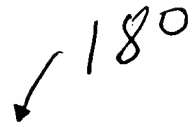
Enter the minimum and maximum number of days of cancellation allowed to notify the Certificate Holder.

minimum 10 **maximum** 30

☑ Allow the removal of the words 'Endeavor To' from the cancellation clause. 174

☐ Allow inclusion of attachments with this Insured's certificates. 176

FIGURE 7



There are four levels of security to be selected. For Insureds with a large volume of certificates, we strongly recommend the first level be selected for general certificates. You can select an alternative level later for more sophisticated certificates. The levels are:

182 ◉ **Unsecured and open to the general public.** This is for an Insured with a large volume of certificates and certificates that are routine and do not convey any or limited rights to the Certificate Holder.

184 ○ **Password required to enter the system.** Either the Producer or Insured will provide the password to the Certificate Holder. Enter this password in the first password field, below.

186 ○ **Approval required.** No password required, but the Certificate Holder will not receive the certificate until it is approved by either the first or second contact, as established below. After the Certificate Holder enters the information, the system will e-mail the contacts for approval.

188 ○ **Password and approval required.**

190 Enter a password that the Insured and Broker will provide to someone who requests a certificate: [ ]

192 Enter a different password to be used only by the Producer to produce unique certificates: [ ]

194 Enter a different password to be used only by the Insured to obtain reports: [ ]

FIGURE 8

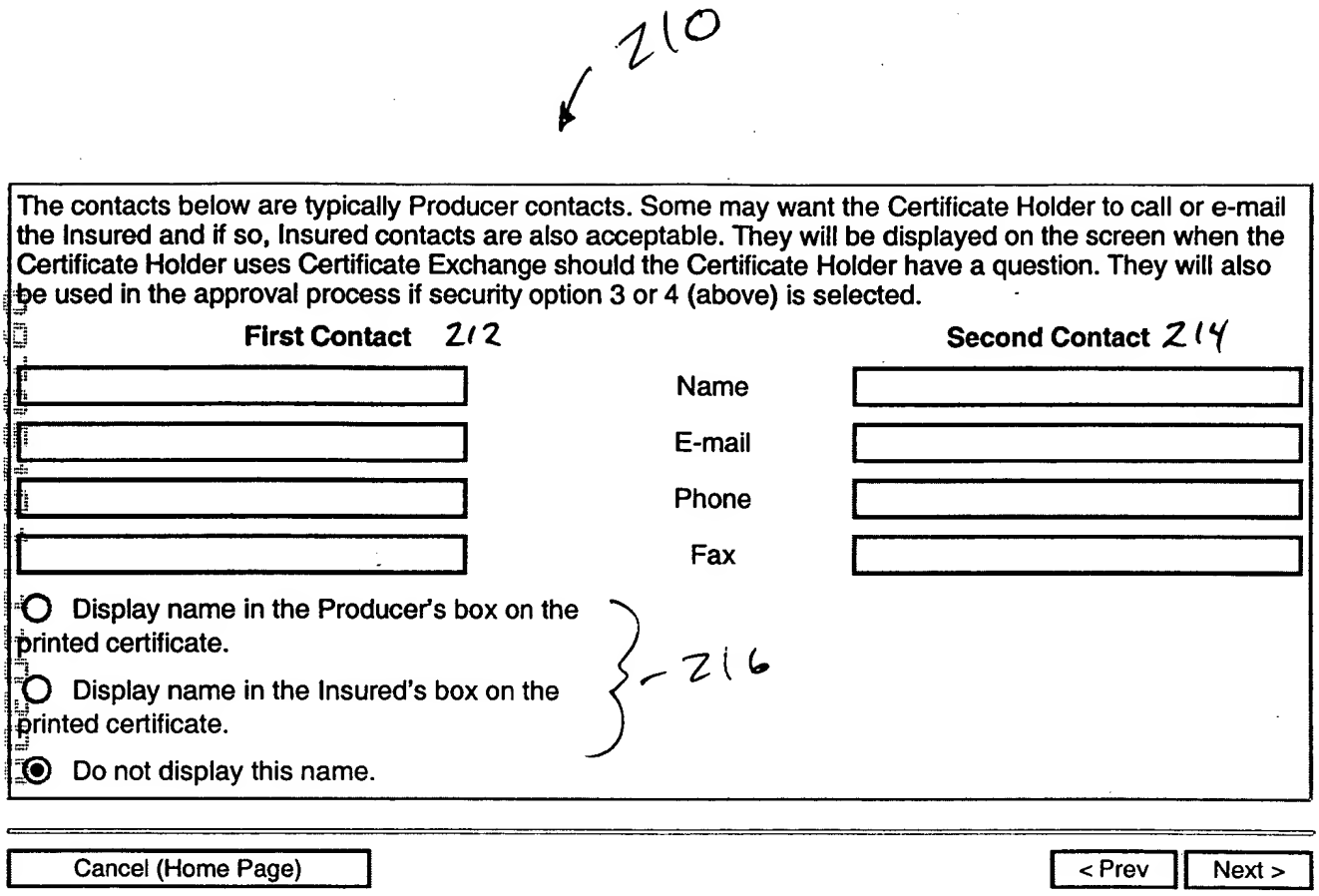

210
The contacts below are typically Producer contacts. Some may want the Certificate Holder to call or e-mail the Insured and if so, Insured contacts are also acceptable. They will be displayed on the screen when the Certificate Holder uses Certificate Exchange should the Certificate Holder have a question. They will also be used in the approval process if security option 3 or 4 (above) is selected.
First Contact 212
Second Contact 214
Name
E-mail
Phone
Fax
Display name in the Producer's box on the printed certificate.
Display name in the Insured's box on the printed certificate.
Do not display this name.
216
Cancel (Home Page)
< Prev
Next >

FIGURE 9

FIGURE 10

Help

Insured:

Set-up Insured, Policy Data 220

General Liability 222

- [x] Commercial General Liability
- [x] Occurrence
- [ ] Claims Made
- [ ] Owners' and Contractors' Protection
- [ ]
- [ ]

General Aggregate Limit applies per:

(•) Policy ( ) Project ( ) Location ( ) None

Policy number		Each occurrence	1,000,000
Effective (mm/dd/yyyy)		Fire damage	
Expiration (mm/dd/yyyy)		Medical expense	
		Personal and advertising agg.	1,000,000
		General aggregate	1,000,000
		Products and comp. oper agg.	1,000,000

The system has preferred wording for General Liability Additional Insureds; however, it can be overridden. The preferred wording is: ABC Corporation (the Certificate Holder) *is added as an Additional Insured for General Liability, but only with respect to operations performed on their behalf and due to the negligence of* XYZ Corporation (the Insured).

Enter wording to override the preferred wording. Please keep in mind the sentence begins with the Certificate Holder and ends with the Insured.

is added as an Additional Insured for General Liability, but only with respect to operations performed on their behalf and due to the negligence of

224

Approval Required. All of the check boxes will, when checked, put a hold on issuing the certificate. After the Certificate Holder enters the information the certificate will be emailed to the contacts previous entered, for approval.

- [ ] Allow Certificate Holders to be added as Additional Insured
- [ ] Approval Required

226

- [ ] Allow Lessors to be added as Additional Insured
- [ ] Approval Required

228

- [ ] Allow Vendors to be added as Additional Insured
- [ ] Approval Required

( ) Broad Form ( ) Limited Form ( ) Not Specified (•) None

230

232

Automobile 234

- ☐ Any Automobile
- ☐ All Owned Automobiles
- ☐ Scheduled Automobiles
- ☐ Hired Automobiles
- ☐ Non-owned Automobiles
- ☐ _____

Policy number		Combined Single Limit	1,000,000
Effective (mm/dd/yyyy)		Bodily Injury (per person)	
Expiration (mm/dd/yyyy)		Bodily Injury (per accident)	
		Property Damage	
Comprehensive			
Collision			

- ☐ Allow Additional Insureds
- ☐ Allow Loss Payees
- ☐ Approval Required

← 237

Workers' Compensation 236

Policy number		WC Statutory Limit ◉	Other ○
Effective (mm/dd/yyyy)		EL Each Accident	100,000
Expiration (mm/dd/yyyy)		EL Disease (Each Employee)	100,000
		EL Disease (Policy Limit)	100,000

Excess or Umbrella 238

- ☐ Occurrence
- ☐ Claims Made

Retention/Deductible

Policy number		Each Occurrence	
Effective (mm/dd/yyyy)		Aggregate	
Expiration (mm/dd/yyyy)			

FIGURE 11

Other

Unlike other certificate programs, Certificate Exchange allows you to permanently add any line of insurance and it becomes part of the certificate. The type of insurance could be Property, Crime, Professional Liability, D & O, E & O, Motor Truck Cargo, etc. The Description is additional information about the type of insurance, such as "All Risk of physical loss including Boiler and Machinery." The limit descriptions can also be entered such as "Per Occurrence" and "Aggregate."

Type of insurance: ← 252

Further information about the type of insurance: 254 →

	Description	Limit
Policy number		
Effective (mm/dd/yyyy)		
Expiration (mm/dd/yyyy)		

☐ Allow Additional Insureds
☐ Allow Loss Payees
☐ Allow Mortgagee
☐ Approval Required
← 253

Remarks

Enter text to appear in the Remarks text box on the certificate. Any text inserted here will appear on every certificate and can only be overridden if a certificate is issued using the Special Certificate function.

256 ←

Cancel (Home Page) < Prev Next >

250 ↑

FIGURE 12

270

Help

Insured:

Set-up Insured, Insurance Companies

In order to facilitate entry of Insurance Companies, the program builds a database of Insurers for each Producer. Once the database is established, you need only click on the drop down arrow and select an Insurer. This may appear cumbersome in the beginning, but it will greatly speed up data entry once you establish your own Producer's list.

To select an Insurer not on your Producer's list, type in the first few letters of the Insurer's name in the small field and click on "Search". Then click on the Insurer you desire.

To add an Insurer not on the master list (above paragraph), type a "+" sign into the small field and click on "Search". Then place the cursor on the larger field and type in the name of the Insurer. To ensure data integrity, this should only be used after performing a careful search of the master list.

		Gen. Liab.	Auto	WC	Excess	Other
First Insurer		☐	☐	☐	☐	☐
Second Insurer		☐	☐	☐	☐	☐
Third Insurer		☐	☐	☐	☐	☐
Fourth Insurer		☐	☐	☐	☐	☐
Fifth Insurer		☐	☐	☐	☐	☐

272

274

Search

Cancel (Home Page) < Prev Next >

FIGURE 13

290

Help

Insured:

Set-up Insured, Notification Instructions

Certificate Exchange will automatically e-mail certificates to individuals as listed below. There are 3 notification choices: Instant Notification (sent when they are requested by the Certificate Holders), Monthly Report, and Quarterly Report. If the Insurance Companies you selected require notification, please first enter the name and e-mail address of the underwriter who should receive certificates.

	Contact Name	E-mail
Continental Casualty Company		

292

		Individual Notification	Monthly Report	Quarterly Report	None
Producer		○	○	○	◉
Insured		○	○	○	◉
First Contact	Dave Dagg	○	○	○	◉
Second Contact		○	○	○	◉
First Insurer	Continental Casualty Company	○	○	○	◉
Second Insurer		○	○	○	◉
Third Insurer		○	○	○	◉
Fourth Insurer		○	○	○	◉
Fifth Insurer		○	○	○	◉

294

Cancel (Home Page) < Prev Finish

FIGURE 14

300

Help

Welcome to the Web-based Certificate of Insurance Program

In order to obtain a certificate of insurance, please complete the information below. You only need to enter the first few letters of the Insured s name. The Insured is the entity from whom you desire a certificate.

Producer
Special Certificate
Certificate Reprint
FAQ

Insured: [ ] 302

If you know the password for accessing this Insured, please enter it here. If you do not know the password, leave it blank, press "Start >" and you will be given instructions on the next screen.

Password: [ ] 304

If you have used this system to retrieve certificates in the past, please enter your e-mail address here so that we can more easily identify you. (Do not enter your e-mail address if you have not used the system before.)

E-mail: [ ]

When you have finished, please click on the "Start >" button, below.

Start >

FIGURE 15

310

Help

Insured selected:

Please enter the following information as it is to appear on the Certificate.

312

Company Name:
Address 1:
Address 2:
City:
State/Province:
Zip/Postal:
Country:
Contact (First name):
(Last name):
Phone:
Fax:

For identification and delivery purposes, please enter your e-mail address.

E-mail: 314

Cancel (Home Page) < Prev Next >

FIGURE 16

318

Help

Insured:

You must select at least one type of insurance (from the first set of checkboxes).

Please select the types of insurance to be printed on the Certificate.

320

- ☐ General Liability
- ☐ Automobile
- ☐ Workers' Compensation
- ☐ Excess
- ☐ Transit Insurance

Cancellation Days (between 10 and 30): 10

Condition: Standard Cancellation

Enter the years and months you estimate you will do business with the Insured: 322

Years ____ Months ____

General Liability Additional Insured and Vendor's: Not needed 324

Automobile Leasing and Financing: Not needed 326

Other Additional Insured, Loss Payee and Mortgagee: Not needed 328

In the field below describe the project, or if you are a lessor list the location(s), or if you are an automobile lessor or loss payee list the vehicle(s). If there are many locations or many vehicles, leave the field blank. If the certificate is for vendor's coverage, please also leave blank. Please click on help for further instructions.

329

Cancel (Home Page) < Prev Next >

FIGURE 17

330

Help

Insured:

Create and obtain your certificate (you may select more than one option):

- ☑ Print the certificate or save the certificate to file.
- ☑ Send the certificate to my e-mail address:
- ☐ Send the certificate to another e-mail address: [ ]

332

Create

You may preview the certificate for accuracy (this does not create the certificate). If it is unacceptable, you may change the information *that you have entered* by clicking on the "< Prev" button at the bottom of the page.

Preview ← 334

If the certificate is still unacceptable, please explain why in the box below and then click "Insufficient". Your message will be sent to the appropriate contact for revision and then e-mailed to you.

[ ] ← 336

Insufficient

Cancel (Home Page) (all data will be lost)

< Prev

FIGURE 18

352 354

General Liability Additional Insured and Vendors	Blank	Non Blank
Not Needed		[This certificate only applies to][D][.]
Additional Insured	[CH][W][IN][.]	[CH][W][IN][for][D][.]
Lessor's Additional Insured	[CH][is added as Additional Insured for General Liability but only with respect to premise leased to][IN][.]	[CH] [is added as Additional Insured for General Liability but only with respect to premise located][D][.]
Vendors Endorsement	[CH][is added as Additional Insured for General Liability subject to the]{Broad Form}{Limited Form}{Blank}[ ][Vendor's Endorsement.]	

356

357

350

FIGURE 19

372

374

Automobile Leasing and Financing	BLANK	NON BLANK
Not Needed		[This certificate only applies to][D][.]
Lessor's Additional Insured	[CH][is added as Additional Insured for vehicles leased to][IN][.]	[CH][is added as Additional Insured for][D][.]
Loss Payee	[CH][is added as Loss Payee for vehicles leased to][IN][.]	[CH][is added as Loss Payee for][D][.]
Additional Insured and Loss Payee	[CH][is added as Additional Insured and Loss Payee for vehicles leased to][IN][.]	[CH][is added as Additional Insured and Loss Payee for][D][.]

376

377

370

FIGURE 20

392

394

Other Additional Insured, Loss Payee and Mortgagee	BLANK	NON BLANK
None checked		[This certificate only applies to [D][.]
Additional Insured	[CH][is added as Additional Insured for][OT][, but only with respect to operations performed on their behalf by and due to the negligence of][IN][.]	[CH][is added as Additional Insured for][OT][, but only with respect to operations performed on their behalf and due to the negligence of][IN][for][D][.]
Loss Payee	[CH][is added as Loss Payee.]	[CH][is added as Loss Payee for][D][.]
Additional Insured and Loss Payee	CH][is added as Additional Insured and Loss Payee for][OT][, but only with respect to operations performed on their behalf by and due to the negligence of][IN][.]	CH][is added as Additional Insured and Loss Payee for][OT][, but only with respect to operations performed on their behalf and due to the negligence of][IN][for][D][.]
Mortgagee	[CH][is added as Mortgagee.]	[CH][is added as Mortgagee for][D][.]
Additional Insured and Mortgagee	CH][is added as Additional Insured and Mortgagee for][OT][, but only with respect to operations performed on their behalf by and due to the negligence of][IN][.]	CH][is added as Additional Insured and Mortgagee for][OT][, but only with respect to operations performed on their behalf and due to the negligence of][IN][for][D][.]

396

390

397

FIGURE 21